

The Henkel logo, consisting of the word "Henkel" in a bold, sans-serif font, enclosed within an oval border.*A Brand like a friend***Henkel Corporation  
Law Department****Privileged and Confidential**

TO:

FROM:

Name: Kay Pinkney

Name: Iris M. Grogins

Location: USPTO

Location: 2200 Renaissance Blvd  
Gulph Mills, PA 19406

Fax No.: (703) 308-6642

Date: August 12, 2004

\*\*\*\*\*  
NUMBER OF PAGES 4 INCLUDING THIS COVER PAGE.

We are transmitting from facsimile machine (610) 278-6548. If you do not receive all the pages indicated above, please call Iris M. Grogins at (610) 278-4935 between 8 00 A.M. and 4:00 P.M. EST.

\*\*\*\*\*  
THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT(S) NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU  
\*\*\*\*\*

**DOCKET NO. H 3232 PCT/US**

Re: Assmann et al.

Application No 09/830,730

- 
- Executed Declaration as filed April 30, 2001

"Express Mail" mailing label number EL 843287311 US

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0851-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box - ☐0010/PTO  
Rev. 8/95U.S. Department of Commerce  
Patent and Trademark Office**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**Declaration  
Submitted  
with Initial Filing

OR

Declaration  
Submitted after  
Initial FilingAttorney Docket  
Number

H 3232 PCT/US

First Named  
Inventor

ASSMANN, Georg

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**POLYMER GRANULES PRODUCED BY FLUIDIZED BED GRANULATION**

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

10/20/1998

as United States Application Number or PCT International

Application Number

PCT/EP98/07943

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
198 50 100 5	Germany	10/29/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Type a plus sign (+) inside this box

09/830730

H 3232 PCT/US

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP99/07943	10/20/1999	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number  OR

☒ List Attorney(s) and/or agent(s) name and registration number below.

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke Kimberly R. Hild	21,062 39,224	Glenn E. J. Murphy Stephen D. Harper	33,539 33,243

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☐ Customer Number  OR ☒ Fw in correspondence address below

Name	Glenn E. J. Murphy						
Address	Henkel Corporation - Patent Department						
Address	2500 Renaissance Boulevard, Suite 200						
City	Gulph Mills	State	PA	ZIP	19408		
Country	USA	Telephone	610-278-4926	Fax	610-278-6548		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned

Given Name	Georg	Middle Initial		Family Name	ASSMANN	Suffix e.g. Jr.	
Inventor's Signature	<i>Georg Assmann</i>				Date	04/23/2001	
Residence: City	Juechen	State		Country	Germany	Citizenship	Germany
Post Office Address	Dechant-Koenigs-Str. 9						
Post Office Address							
City	41363 Juechen	State		Zip		Country	Germany
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box

09/830730

H 3232 PCT/JS

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Wilfried	Middle Initial		Family Name	RAEHSE	Suffix e.g. Jr.	
Inventor's Signature	<i>Wilfried Rähse</i>				Date	04/23/2001	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Bahnenstrasse 188						
Post Office Address							
City	40689 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Rene Andres	Middle Initial		Family Name	ARTIGA GONZALEZ	Suffix e.g. Jr.	
Inventor's Signature	<i>Rene Andres Artiga Gonzalez</i>				Date	04/23/2001	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Einsteinstrasse 6						
Post Office Address							
City	40689 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Beatrix	Middle Initial		Family Name	KOTTWITZ	Suffix e.g. Jr.	
Inventor's Signature	<i>Beatrix Kottwitz</i>				Date	04/23/2001	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Urdenbacher Allee 61						
Post Office Address							
City	40689 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant Authority	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto